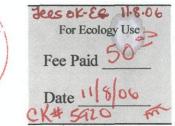


State of Washington Application for a Water Right



Please follow the attached instructions to avoid unnecessary delays.

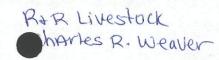
G4-35128 Benton Co WRIA 87 Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM Home Tel:(509) 588 - 5008 Name R&R Lluestock Mailing Address 17708 R Ruppert Rd Work Tel: (509) 588- 5008 City Benton City State WA Zip+4 99320 + 3876 FAX: (309) 588 - 8544 Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION ☐ Same as above Name Charles R. Weaver Home Tel: (509) 588-5008 Mailing Address 1770 8 E Ruppert Rd Work Tel: (509) 588-5008 City Benton City State WA Zip+4 99320 +8376 FAX: (509) 588-8544 Relationship to applicant Partner Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than ______ (\(\subseteq \) gallons per minute or \(\subseteq \) cubic feet per second) from a \(\subseteq \) surface water source or \(\subseteq \) ground water source (check only one) for the purpose(s) Irrigated Pasture ____. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Estimate a maximum annual quantity to be used in acre-feet per year: 10 acre feet. Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed: From __/ / to /_ / Section 4. WATER SOURCE If SURFACE WATER If GROUNDWATER A permit is desired for one well(s). Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:

LOCATION

Source flows into (name of body of water):

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

Size & depth of well(s): 6'' - 333 ft.



LOC	ATION		er start seget _{de} Sart Sart saget og Sart	ada ja da arang			erii ga	general de _{grand} a de con-		
	r the north-south on corner:	and east-w	vest distance	es in feet fron	n the point of div	ersion or	withdraw	val to the nearest		
1/4	of ¼ of	Section	Township	Range(E/W)	County	If loca	If location of source is platted, complete below:			
			south (187		noise and opinion sign	Lot	Block	Subdivision		
		29	10	27	Benton	4				
						Short	Plat#	1654 Lot 3 Parcel ID 12907		
SEPA:	ology Use Date Re Exempt/Not Exempt ccepted As Complete	FERC Licens	se #	and or grow, his	Date: ///68/200		geri di sipa da da da			
A. 3.	Name of system Briefly describe 6" well, and domes	your propos	sed water sys	stem. (See ins	tructions.) home, pass He and dog	fure f	ront c	and back		
C.	Do you already PROVIDE DOO		-	claims associa	ted with this prope	erty or syst	rem?	□ YES Þ\		
	tion 6. DOM				UPPLY SYST	TEM IN	FORM	ATION		
Α.	Number of "con	nections" re	quested:	one_ Type	of connection	home	+ pasti	ire		
3.	Number of "connections" requested: Type of connection home 4 pasture (Homes, Apartment, Recreational, etc.) Are you within the area of an approved water system? YES NO If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.									
Comp	olete C. and D.	only if th	e propose	d water syst	em will have f	ifteen or	more co	onnections.		
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan. NOV 1.4 2000					NOV 1 4 2000				
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ECY 040-1-14 Rev. 7/97 * * f APPLICATION

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Sec	ction 5. GENERAL WATER SYSTEM INFORMATION				
A.	Name of system, if named:				
В.	Briefly describe your proposed water system. (See instructions.)				
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.				
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)				
A.	Number of "connections" requested: onè Type of connection Home (Homes, Apartment, Recreational, etc.				
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.				
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.				
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.				
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.				
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)				
A.	Total number of acres to be irrigated: 2.86				
B.	List total number of acres for other specified agricultural uses:				
	Use Acres Use Acres Use Acres				
C.	Total number of acres to be covered by this application: 2,56				
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001) Add up the acreage in which you have a controlling interest, including only:				

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NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, an some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology. Section 9. DRIVING DIRECTIONS Provide detailed driving instructions to the project site. Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):	~~~	VIOL 01 11112 - 0 - 1	
Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant own the land on which the water source is located? If no, submit a copy of agreement: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the	Will y	you be using a dam, dike, or other structure to retain or store water?	□ YES 🂆 NO
Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the	some j	portion of the storage will be above grade, you must also apply for a reservoir per	
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	proce purp	ess my application, I grant staff from the Department of Ecology access to oses. Even though I may have been assisted in the preparation of the abo	o the site for inspection and monitoring ove application by the employees of the

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Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 4. Location: Map enclosed.

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your a (date).	pplication by

Date

Ecology staff_